

MEDICAL ECONOMICS AND PUBLIC HEALTH

Physicians have invariably waited for the other fellow to organize them into active, potential forces, as far as the economic side of medicine is concerned. That condition occurred in Germany, and it happened in England, which heterogeneously scrambled medical sociology and the insurance business, with its lay control of medical practice; and the same invasion now threatens the integrity of the American medical profession.—*Ther. Gaz.*, August, 1926.

When a child is not feeling well no one will know this condition sooner than the parents. This should be sufficient reason for seeing the family physician.

Those who must be "baited with an opportunity for free services" seldom receive the full significance of "free service." The very fact they waited for a free clinic indicates that they have knowledge of the need for medical services.

It is far better that these people receive information about the fallacies and hazards of unqualified practitioners and the "cure-alls" than it is to hand them free services in a spectacular publicity campaign.—*Ohio State M. J.*, September, 1926.

Three years ago the women physicians of the San Diego County Medical Society who were in charge of health committees of various women's organizations called a special meeting to discuss plans for better co-ordination of the health work of all clubs. After consultation with the council of the medical society, the president of the dental society, the public health nurses, and the president of the most active women's clubs, the medical women decided to carry out a yearly program of baby health conferences under the auspices of a few of the clubs, but with the co-operation of all others interested. To this end there was formed a central group known as the San Diego County Public Health Committee with a membership limited to the presidents of the organizations interested in health work and the chairman of their public health or welfare committees.

The following lay groups were represented: County Federation of Women's Clubs, District Parent-Teachers' Association, City Parent-Teachers' Association, Catholic Charities, Chamber of Commerce, Red Cross, Farm Bureau, Education (through the County Superintendent of Schools, Civic Center, Associated Charities, etc.).

Representing organized medicine were the San Diego County Medical Society, San Diego County Dental Society, City Board of Health, County Physician, San Diego County Nurses' Association, and the San Diego County Public Nurses' Association.

Meetings were held monthly at which all work done during the past month was reported and plans for the next month presented and discussed. Every health question touching San Diego County was considered at these meetings, and the decisions reported back to the members of all the organizations in the county by their representative on the committee.

The successful work carried forward by this organization makes it evident that women physicians, with the power of the organized minority behind them, and through their positions as chairmen of public health and child welfare committees in the women's organizations, rightly using their influence, can become a strong connecting link between organized medicine and organized women, and a powerful factor in public health education and public health legislation.

Dr. Martha Welpton, who is an active leader in this work, says that "over 50 per cent of organized women's groups are doing public health work, and are depending on the doctors of medicine to give the service. We are giving it to thousands, but as individuals, not as representatives of a regular group of scientific persons. I believe the fault is our own; and I also believe we can overcome it. The clubs are all open to us; they are will-

ing to co-operate and, in fact, have been co-operating for years."

To get rid of the cults it is for us to educate the people of the United States medically; but to get rid of the free clinics for the rich and poor we have to educate ourselves. Let every physician refuse to attend any out-patient department that is competing and taking away the very bread and butter of his fellow-practitioner.

The carpenter and painter are always fighting honorably for their bread and butter, but the physician, who works seven days per week and twenty-four hours a day getting paid at times, thinks it is below his dignity to fight for his interest. Thousands of my fellow-physicians will agree with me that it is absolutely wrong for any institution to give medical aid to those that can afford to pay a doctor. At every clinic of this city we find men and women of considerable wealth looking for charity. To meet real estate men or bootleggers at the out-patient department is a very common thing.

For the sake of the real poor patients who deserve charity, for the sake of our fellow-practitioners who deserve an honest, decent living, I urge the Massachusetts Medical Society to follow the action and resolutions recently passed by the Missouri Medical Society: "That every patient will have to produce a statement from two reputable citizens that the patient applying for treatment is not able to pay for such treatment."

Charity to the poor, but justice to all.—*William Frankman*, Boston M. and S. J., August, 1926.

We are having a taste of what our own state can do in the way of treading upon the toes of the private practitioner of medicine through the gratuitous service that is rendered by the Indiana State Board of Health in direct competition with laboratories and private practitioners of medicine. In reality there is ample evidence to prove that some sanitariums and private practitioners of medicine are taking advantage of the free service of the state by charging their patients for it. This places the burden of responsibility for the growth of state medicine upon the medical profession as well as upon the public health officials, and it is time for an accounting. We have no objection to the services rendered by the state for the indigent, but we do object to the state putting itself in competition with the private practitioners of medicine by taking pay patients from the latter, to say nothing of helping to pauperize and make dependent those who should be self-respecting and self-supporting.—*J. Indiana M. A.*

The liberality with which the Workmen's Compensation Act is interpreted by the Industrial Accident Commission and the Appellate Courts of California. In the case of *Rader vs. The County of Monterey*, decided by the Supreme Court of California last week, the court affirmed the Industrial Accident Commission's award of a death benefit of \$4900 to Nellie Pearl Rader, the minor daughter of R. N. Rader, a citizen of Salinas, who was killed by rum-runners at Moss Landing on the night of July 6, 1925. The decision is important in that it assures proper compensation to the dependents of men who lose their lives by reason of being impressed into service by peace officers in their work of crime suppression.

The decline in the birth rate which has taken place during the past quarter of a century throughout the civilized world is especially prominent in the United States. As to the factors causing this decline in birth rate there is hardly any question that the restriction of immigrants during the very recent years, the dodging of parental responsibilities, the seeking of personal comfort and the propaganda on birth control have all been responsible in part.

The distinction of having the highest birth rate was earned by Detroit with a rate of 25.79 per 100,000 of the population. San Francisco had the lowest rate of 12.75, and as a low infant mortality rate goes hand in hand with a low birth rate, it is not surprising that it made the best showing of all the cities as to infant mortality. Los Angeles was the next lowest of 15.55. The rate in

New York City was 20.60.—Bull. City of New York Department of Health.

At last, at last! More and more do we find medical men awakening to the fact that the profession is face to face with efforts on the part of industrial and commercial organizations to take over the practice of medicine, and destroy the personal relation of doctor and patient, upon which the safety of both depends. Some of the eastern medical societies, through their bulletins, are advocating a complete reorganization of the medical profession with the idea of making better doctors of those already in practice, and uniting them more thoroughly with any plan for economic protection. Let the good work go on.—J. Indiana M. A., August, 1926.

The gentleman in charge of rehabilitation work in a certain section said, "Do you know that I have gotten all the doctors of the state to agree to take care of all these cases, do all the rehabilitation work free of charge." And he was asked, "What is your salary?" He said, "I am getting \$6000 a year." He was asked, "Are the nurses paid?" "Yes." "Are the buildings where you are doing this work paid for?" "Yes." Everybody is paid, but the doctors of North Carolina are not being paid.—C. W. Waggoner, Ohio State M. J., September, 1926.

The fact that there has been no significant improvement in maternal mortality rates during the first six months of 1926 should provoke inquiry. What could have been expected of the maternity work which was instituted with such fervor and zeal ten years ago? Was it founded upon sound principles, were its aims realizable, and was there a program sufficiently comprehensive to affect the vast number of maternity cases which occur annually in the area under survey? Or, have new factors intervened to offset the work of boards of health and of private agencies? Has the increased proportion of hospitalized cases been accompanied by more septic complications? Whatever be the answers to these and other questions which arise, it is clear that over the past decade little if any impression seems to have been made upon the risk of death in child-bearing.—Statistical Bulletin, Metropolitan Life Insurance Company.

The University of Wisconsin, one of the foremost educational institutions of this country, is teaching its students what it is to have communal medicine, and what a great and wonderful thing it would be if a county or a state could pass a law—and this institution has eight or ten thousand students—whereby the patient could be treated for a cost of from fifty cents to a dollar a year. And that propaganda is going out over the country not only from that institution, but many others in which they are being taught what a wonderful thing it would be.—C. W. Waggoner, Ohio State M. J., September, 1926.

Up to the close of 1916 only fourteen full-time county health units were functioning in the United States. At the close of 1925 there were 299 full-time county health units in operation in thirty-three states, and 80 per cent of these had been established in the preceding six years.—Rockefeller Foundation, 1925 Annual Report, International Health Board.

In North Carolina, Alabama, and Ohio over 50 per cent of the total population is served by full-time county health units.—Rockefeller Foundation, International Health Board.

Our Maternal and Paternal Government—If the conscientious mother would prepare her child's school luncheon with the help of the Federal Government, she may get that help from either the Treasury Department, the Department of Agriculture, or the Department of the Interior.

The first named, through its Public Health Service, will furnish her with "Nutrition and Education."

The second, through its Bureau of Home Economics, will respond with "School Lunches."

The third, through its Bureau of Education, will send "Diet for the School Child."

Does the subject of milk for the growing child concern her, she may ask for:

"Milk, the Indispensable Food for Children," from the Children's Bureau of the Department of Labor.

"Milk and Our School Children," from the Bureau of Education of the Department of the Interior.

"Safe Milk, an Important Food Problem," from the Public Health Service of the Treasury Department.

"Milk and Its Uses in the Home," from the Bureau of Home Economics, of the Department of Agriculture.

Or would you learn to protect yourself from deadly carbon monoxide gas in garages, you can turn to the Public Health Service, the Bureau of Mines or the Bureau of Labor Statistics, and each will gladly send you a bulletin.

Some six government bureaus deal with tuberculosis prevention; three departments and an independent board are working on rural hygiene; four departments and some independent bureaus have an eye on sanitary engineering.

We round up these facts from "National Government and Public Health," written by James A. Tobey and published by the Institute for Government Health. Mr. Tobey's 400 pages are largely an argument for a central division or department of public health. To us they were more interesting for their striking instances of how government activities multiply and duplicate.—Editorial, Nation's Business, September, 1926.

A pension system is exactly the same thing, mathematically, as a depreciation account for a piece of machinery. No sensible business man trusts to luck to be able to retire a worn-out machine and buy a new one out of current earnings. He sets up a reserve for depreciation the moment he installs the machine. For exactly the same reason, he should set up a reserve for future pension the moment he employs a new workman.

The mathematics of the whole subject has been worked out by the larger life insurance companies, and information can be had from them upon request. Certainly no employer who has in effect or is contemplating an industrial pension system can afford not to know these mathematics. He can then, with confidence in the future, join the far-sighted movement which will probably head off the wasteful government-operated compulsory industrial pension systems now in effect in Europe and in some South American countries, gaining for himself the very practical benefits of a co-operation with his men that is self-respecting on both sides, and extremely valuable as a builder of efficiency and goodwill.—World's Work, September, 1926.

With the increase of organized charity there has followed an enormous increase in the pauper class. The mendacious who depend upon charity for the whole or a part of their needs find the present system of easy benevolence fruit ripe for their picking. Free clinics and other gratuities relating to sickness, added to ubiquitous health service, curtails to a tremendous degree the usefulness of the so-called family physician and makes a new aristocracy of pauper invalids.—Ohio State M. J., September, 1926.

The practice of medicine has gone along all through these centuries, every doctor a health officer and the highest aim of every doctor the prevention of disease. And as the application for the treatment of disease became more intricate and more complex, he saw that it was necessary to designate a part of his profession to that particular side of medicine—preventive. Whenever you try to destroy the standard which every doctor has tried to establish, you are raising a menace to the profession.—C. W. Waggoner, Ohio State M. J., September, 1926.

The doctors of Ohio are the health officers of Ohio, and only to the Ohio State Medical Association may you look with safety for proper instruction and proper en-

lightenment. And when you leave the Ohio State Medical Association for authority or advice, and when you neglect or ignore its suggestions and its welfare you are treading upon ground that is not safe, and you are throwing the people of the country into the greatest danger.—C. W. Waggoner, Ohio State M. J., September, 1926.

An instance of the gullibility of doctors is contained in the following report made by The Doctors Business Bureau to the C. M. A. recently. Names are omitted:

"At the request of Dr. — of Pomona, California, a member of your association, we have just made a preliminary investigation of the affairs of the —, and have obtained the following rather startling and almost unbelievable facts:

"Approximately 3000 doctors have been swindled outright of a sum believed to be in excess of \$100,000 within the past eighteen months. We learn that this concern was organized in March, 1925, by —, with headquarters in San Francisco. Solicitors were put in the field throughout the Pacific Coast states to obtain accounts for collection, almost the entire selling campaign being directed to doctors. The company purported to have a large amount of capital and represented to prospective clients that it would pay them outright 25 per cent of the entire list of accounts submitted as soon as the same could be verified, and furthermore would finance the debtors, enabling them to pay their accounts in full so that the client would obtain his money immediately.

"About July 1, we are informed, — absconded with the company's funds, approximately \$60,000, and the concern is now wholly insolvent. Only four or five clients ever received any money at all during this entire time, and these only because they threatened prosecution. Other clients were stalled off with notes and promises. The evidence seems to be quite conclusive that the intention from the very first was to defraud, as the company's first attempt to make collection was an offer to the debtor to accept 75 per cent of his account in full payment. Later all debtors were offered a 50 per cent settlement, and finally the company offered to sell each debtor his account at his own price. Up to the present time, we understand, no steps have been taken to apprehend —, who was last heard of in Canada.

"On account of the great number of doctors involved in this gross swindle, we are making this report to you for your information and for such use as you may care to make of it for the benefit of your members.

Very truly yours,

THE DOCTORS BUSINESS BUREAU
J. A. Slaughter, Manager."

In London Sir William Arbuthnot Lane, surgeon, authority on intestinal disorders, found his photograph printed on 40,000 menus of Lyons restaurants. The printing was done without his knowledge. He needs no such publicity. Nor does such publicity injure his reputation, nor curtail his skill. None the less, the British Medical Association denounced him, even though he had resigned from it a year ago because of professional criticism of his disease prevention work.—*Time*, September 13, 1926.

For a time after a physician "resigns" from his medical association because of "professional criticism" his name may be valuable to newspapers, on menu cards, and as an endorser of this or that method or remedy, but the time of such public popularity usually is short-lived and ends in oblivion.

The recent advances in medical science require more schooling and capacity from the medical man than ever before. But if we make medical education too expensive we will defeat our purpose in more ways than one. Every highly trained medical man is an asset to the commonwealth, and the commonwealth can afford to see to it that the right kind of man should not be excluded on account of expense. Ours is a poor man's profession, but there is an inherent element of caste in our profession inasmuch as the family has always cheerfully given its most gifted son to recruit our ranks; and should we turn our face toward caste and superiority?—"An Old Country Doctor," in the *Journal-Lancet*, August, 1926.

CALIFORNIA MEDICAL ASSOCIATION

W. T. McARTHUR, M. D. President
PERCY T. PHILLIPS, M. D. President-Elect
ROBERT V. DAY. Vice-President
EMMA W. POPE, M. D., San Francisco. Secretary and Associate Editor for California

ALAMEDA COUNTY

Alameda County Medical Association (reported by Pauline S. Nusbaumer, secretary)—The first regular monthly meeting of the Association after the July vacation was held August 16, 1926.

Sumner Everingham presented an interesting patient with an esophageal diverticulum.

H. J. Templeton spoke on "Dermatologic Manifestations of Syphilis," and illustrated his remarks by lantern slides of the more common syphiloderms. He emphasized the point that all physicians should be familiar with such lesions, inasmuch as syphilis is apt to crop up in any field of medicine. He also stressed the necessity of careful examination of all genital lesions by means of the dark-field examination, for many lesions which appear to be rather benign, in reality harbor the spirocheta pallida.

The talk on experimental erysipelas by Harold Amoss was interesting and instructive. Doctor Amoss addressed the Association by invitation.

S. H. Buteau read a tribute to the late James Hamilton Todd. Adjournment was taken out of respect to Doctor Todd.

MARIN COUNTY

Marin County Medical Society (reported by J. H. Kuser, secretary)—The regular monthly meeting was called to order at 8 p. m., August 26. The following members were present: O. W. Jones, W. F. Jones, F. Cannon, J. H. Kuser.

The minutes of the last meeting were read as approved. The secretary then read some notes made at the Health Officers' Meeting at Yosemite which were of interest to the medical profession. It was moved by Kuser that the Hon. Charles Reindollar, member of the Assembly from Marin County, be invited to address the medical society at their next meeting on September 23 on legislation affecting the medical profession. This motion was carried.

ORANGE COUNTY

Orange County Medical Society (reported by D. R. Ball, secretary)—At the regular monthly meeting of the Orange County Medical Association, September 7, 1926, the following resolutions were passed:

Whereas, During the last year the California Medical Association has lost by death three of its oldest and most active members, namely, Drs. Thomas Clay Edwards of Salinas, James H. Parkinson of Sacramento, and Saxton Temple Pope of San Francisco; and

Whereas, These members were known in person or by reputation by all of us and had our greatest respect and love, therefore be it

Resolved, That the Orange County Medical Association in common with the California Medical Association feels most deeply the loss of these members and extends its heartfelt sympathy to their bereaved families; and further be it

Resolved, That copies of these resolutions be sent to the secretary of the California Medical Association and to the families of the deceased members.

SACRAMENTO COUNTY

Sacramento Society for Medical Improvement (reported by Bert S. Thomas, secretary)—In lieu of our August meeting, our society has been gathering from summer jaunts.

George W. Dufficy imbibed freely of the fog in the Monterey and Del Monte region, and is now back where he can show his pleasant smile in the sun.

A convention of ophthalmologists in Colorado took Wallace R. Briggs to that region.

Frank B. Reardan is still spending a portion of his two months' outing through the East. One feature of his